

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, 2<sup>nd</sup> floor, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## REGISTRATION: POLITICAL ACTION COMMITTEE

A political action committee must register with the Commission within 7 days of making expenditures to initiate or influence a campaign or election, including unpaid obligations, that total more than:

- \$1,500 for an organization whose major purpose is to influence candidate or ballot question elections, or
- \$5,000 for organizations which participate in candidate elections but whose major purpose is something other than influencing candidate elections.

Registration is not complete until the following additional documents have been submitted:

- Initial Campaign Finance Report. All contributions received, whether cash or in-kind, and all expenditures made from the beginning of the calendar year must be reported. Be sure to include any expenditures associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising.
- Acknowledgement of Responsibilities. The Treasurer, Principal Officer and any Decision-Makers must sign and return the statement within 10 days of the date of this registration.

## Check here if this an amendment $\square$

COMMITTEE INFORMATION		
Committee name		Acronym
Mailing address		Phone
City, zip code		Fax
E-mail	Website	
ALTERNATE E-MAIL ADDRESSES  To receive filing reminders and important information from the Commission. These addresses will not be posted online.		
1.	2.	
TREASURER INFORMATION  Cannot be the same as the Principal Officer. See Acknowledgement of Responsibilities for duties of Treasurer.		
Name		Primary Phone - For Commission Use Only
Mailing address		Public Phone
City, zip code	E-mail	
PRINCIPAL OFFICER INFORMATION Cannot be the same as the Treasurer. See Acknowledgement of Responsibilities for duties of Principal Officer.		
Name		Phone
Mailing address		
City, zip code	E-mail	
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DECISION-M. List all persons, other than the Treasurer or Principal Officer, p	_	making decisions for the PAC.	
☐ There are no Decision-Makers other than the Treasurer an	d Principal Officer.		
		Primary Phone - For Commission Use Only	
Mailing address		Public Phone	
City, state, zip code	E-mail		
Name		Primary Phone - For Commission Use Only	
Mailing address		Public Phone	
City, state, zip code	E-mail		
FUNDRAISERS  List all persons, other than the Treasurer or Principal Officer, primarily responsible for fundraising for the PAC.			
☐ There are no Primary Fundraisers other than the Treasurer	and Principal Officer.		
Name		Phone	
Mailing address			
City, state, zip code	E-mail		
Name		Phone	
Mailing address			
City, state, zip code	E-mail		
LEGISLATORS OR CANDIDATES WI List all Candidates or Legislators with a significant fun			
☐ No Candidates or Legislators have a significant fundraising	or decision-making role	with the PAC.	
Name and office sought/held		Phone	
Mailing address			
City, state, zip code	E-mail		
ame and office sought/held		Phone	
Mailing Address			
City, state, zip code	E-mail		

FORM OF ORGANIZATION  Name the form or structure of organization, i.e., for-profit or non-profit corporation, voluntary association, partnership, membership organization, etc.		
Form of organizati	Date of origin/incorporation	
List all for-pro	SPONSOR ORGANIZATIONS offit or non-profit corporations or other organizations that formed this committee. Use additional sheets as necessary.	
☐ This com	mittee was not formed by a for-profit or non-profit corporation or other organization.	
Name		
Mailing address, o	ity, state, zip code	
Name		
Mailing address, o	ity, state, zip code	
CAMPAIGN ACCOUNT INFORMATION  For the account into which contributions will be deposited and from which expenditures will be made.		
Name of financial	institution	
Mailing address, o	ity, state, zip code	
Name of account		
toes, or other of	STATEMENT OF SUPPORT OR OPPOSITION  e must list the specific candidates or categories of candidates, referenda, initiated petitions, people's vecampaigns that the committee supports or opposes. If the committee is formed to influence the election of date, the name of the candidate must be listed.	
Support		
Oppose		
SIGNATURE OF PRINCIPAL OFFICER OR TREASURER  The Treasurer, Principal Officer and any Decision-Makers must submit a signed Acknowledgement of Responsibilities.		
Signature	Title	
Print name	Date	

Rev. Oct. 2013 Duplicate as needed.